

As promised, at the age of 2½ years old, Jean received her prosthetic arm and received physical therapy from the hospital to expedite the efficient use of it. Jean became proficient at using her mechanical hook and claw arm, and within a short time began using it to perform fine motor tasks, such as coloring with crayons, cutting with scissors, and picking up small objects. Despite Jean's progress, her parents still had many questions, such as "When would she receive her myoelectric arm?" "What special techniques should we use to raise her?" "What should we tell her when other people stare at her arm?"

By the age of 3, Jean and her parents became conscience of Jean's disability, especially when in public places. At the playground, they noticed that other children stared at Jean's prosthetic arm and some children seemed to be afraid to approach Jean. At the store, adults stared at her arm and often expressed sympathy toward Jean's disability. In other social situations, some parents who were curious about Jean's prosthetic arm were not sure how to discuss the topic during conversations. These incidents caused Tim and Mary to debate how best to approach each situation and often resulted in both parents coming up with different solutions. In turn, their different approaches often caused conflict between them.

Over the next few years, Jean grew and developed in a normal manner. By now, Jean was 6 years old and ready to attend her local school. For parents of nondisabled children, this is often a time of new anxieties, yet for Jean's parents, these same concerns were often compounded by her disability. For example, on the first day of school, should the teacher inform the other children of Jean's disability or should she let Jean's classmates find out about it on their own? Or, during gross motor activities such as dodgeball, should the teacher have special rules for Jean? These situations concerned Tim and Mary and it was only after many parent/teacher conferences that both parents and the teacher felt at ease with Jean's disability.

Jean is now 9 years old and her parents still make the 2-hour trips to Children's Hospital where Jean periodically receives a new prosthetic arm as her bones outgrow the old one. During one recent visit, her parents requested a myoelectric arm, but were told that the costs were prohibitive and that Jean was not able to use one due to the length of her forearm. While at the doctor's office, Jean saw other adults with prosthetic limbs and she asked her parents a few questions, as she pondered her future with a prosthetic arm.

QUESTIONS

1. How should Jean's parents approach children who stare or are afraid of Jean's prosthetic arm?
2. How should Jean's parents approach her teacher concerning Jean's disability?
3. Because Jean has a disability, should her parents adjust their parenting style and allow Jean to display more inappropriate behavior? Why?

4. How would Tim or Mary's concerns be different if Jean was born with a learning disability rather than a physical disability?
5. What physical or cosmetic adjustments could be made so that Jean's disability is less visible?
6. To help Jean transition from one social setting to another, what accommodations should her parents make?
7. When considering the system "society," there are differences between what society "says" and what it "does" with regard to people such as Jean. Discuss how society views persons with physical disabilities and how these views translate into actions.
8. *Activity:* Visit a store that carries prosthetic devices and record several different prosthetics and their use or function.



47. DUDLEY

Issues: Instructional methods/techniques, transition

Dudley was born with cerebral palsy (CP). Now a college student, Dudley has had to learn how to deal with the odd stares and puzzled reactions from strangers. In some cases he has touched the lives of others in a positive, unforgettable way, yet for others, they will soon not forget the guy named Dudley.

Dudley, a college student, has cerebral palsy (CP). He is currently a sophomore attending Blue Valley University in the Midwest. He is majoring in mathematics education and plans to become an elementary mathematics teacher. He works part-time at the university library where he reshelves books, locates missing books, and works at the information desk.

Dudley has a mild form of CP, whereby only his right side is affected by the disability (a condition known as hemiplegia). For him this means that he walks with a limp, his foot drags slightly, and his right arm is slightly spastic (stiff or tense). From his appearance and actions, you would swear that he was like any other college student, until you learn that the smoothness of his gait and arm movements came only after years of practice and intense muscle control. He does not know the cause of his CP, nor does he care. His mother, Susi, admits that she smoked heavily during her pregnancy and sometimes blames herself for his disability. Despite her admission, Dudley will gladly tell you that he doesn't care and that "you deal with the hand that you are dealt." Besides, with no possible cure in the near future, Dudley has accepted his disability and has moved ahead with his life. Interestingly, during some of Dudley's dreams, he imagines himself as being nondisabled.

Dudley knows that he could have been afflicted with a more severe form of CP. From his trips to the Easter Seal Center and special programs for the disabled, he has seen and spoken to other children and young adults with more severe forms. He has seen children with mental retardation and severe motor disorders (such as paraplegia and quadriplegia). From these experiences, he has developed a sense of appreciation for his abilities, while at the same time realizing the limits of his disability.

His high school years were tougher on him than on most students. Dudley easily recalls the bad memories of being rejected by girls because they thought he was abnormal, the embarrassment of being given alternative physical education activities because he was unable to participate in certain motor games, and the reduced sense of worth because some teachers often felt sorry for him and therefore excused him from doing certain assignments. Dudley was sorrowful at times as he watched friends and classmates make the sports teams. He made friends who stood by his side through the tough times. In addition, because Dudley focused much of his time and energy into school, he became an excellent student, frequently making the honor roll.

Upon graduating, Dudley had a university chosen and a career in mind. He wanted to be a teacher. From an early age he had wanted to be a teacher, mostly because of his positive experiences with the educational system. His dream was to teach math to children and to show all children, those with and without disabilities, that they can overcome a disability if they focus their energy on their goals. With this spirit, he entered Blue Valley University and majored in education.

Now at the age of 20, Dudley is in his second year of college and enjoying life. While at the university, he remains active. He has been living on his own at the student dormitory, working part-time at the library to supplement his income. Recently, he volunteered to work five hours a week at the local group home for persons with disabilities. In the process, Dudley made new friends who often ask how his disability has affected his life.

Despite his friendships with his classmates, Dudley is frequently in arguments with one or more of them over issues involving his disability. For instance, on one recent winter day as he was exiting the library, one of his friends, Rusty, grabbed him by the arm to help him walk across some ice. Dudley immediately became embarrassed, then angry at his friend for trying to assist him. After this incident, no matter how many attempts were made by Rusty to engage him in friendly conversation, Dudley ignored him and avoided him whenever possible.

On another day, his friend, Erin, insisted on helping Dudley during lunch. Seeing that Dudley was having difficulty carrying a tray of food, Erin insisted on carrying his tray. Dudley was so mad at her that he dropped his tray and ran out of the cafeteria in anger. Even after Erin's numerous apologies, Dudley refused to speak to her. Like anyone else, stubbornness is one quality that prevents him from resolving many issues in his life.

Dudley also has some other minor problems with classes. In advanced math, he asked the professor, Dr. Janson, if he could hand in assignments late, due to his slow writing skills from his disability. The professor responded that because Dudley had the syllabus, which listed all of the assignments and due dates, he would be penalized, like the other students, for turning in late assignments.

Knowing that there was a university disability advocate, Mrs. Williamson, on campus, Dudley called a meeting with the professor and advocate to discuss the accommodations that the professor had refused to make. Not wanting to anger the professor, Mrs. Williamson tried to suggest ways that the professor could accommodate Dudley. Feeling that Mrs. Williamson was dancing around the accommodation issue, Dudley demanded to know what Dr. Janson was going to do. Unfortunately, Dudley's demands were met quickly with Dr. Janson's sharp reply of "nothing." Storming out of the meeting, Dudley went back to his dorm to sulk. The next day, Dudley dropped the class and tried to take another course to substitute for it, but couldn't.

In Dudley's spare time, he likes to go to the coffee and book shop in the mall to read and relax. On one recent outing, Dudley was confronted by a stranger who noticed him walking oddly and suggested that he was drunk. Upon hearing this, Dudley pushed the woman and began to lash out at her. Within minutes, mall security escorted Dudley out of the mall and told him never to return.

QUESTIONS

1. How do you think Dudley should approach new people who are curious about his disability, but are afraid to ask?
2. How do you think Dudley should have handled the situation with Rusty trying to help him across the ice? With Erin?
3. What should Dudley have done when his professor refused to allow him to turn in assignments late?
4. Do you think dropping Dr. Janson's class was the appropriate action for Dudley to take in response to his meeting with his professor?
5. When considering the system "society," there are differences between what society "says" and what it "does." Discuss how society views persons with physical disabilities and how these views translate into actions.
6. As the physical education teacher, choose an activity or game and describe three modifications that could be made to it that would allow Dudley to participate in it, yet still retain his self-respect.
7. *Activity:* Talk to a person with a physical disability and find out what effect their disability has played in their life. Ask them what role others could play to assist them in public.

Instructional modifications Changes in typical or habitual classroom instructional forms and routines that are made to allow students with disabilities or other learning variations full access to knowledge and learning opportunities.

oral communication The use of language forms spoken aloud.

psychoeducational assessment A compilation of data collected through tests, observations, and interviews used by teachers and other school professionals to understand a student's strengths, weaknesses, and needs.

sensorineural hearing loss A typically permanent form of hearing impairment caused by a dysfunction within the nerve cells of the inner ear.

Signed English A system of handshapes and hand movements that represents the words, phrases, and sentences of spoken English.

total communication A multiple approach to communication that combines manual (signing), oral, auditory, and written forms, depending on the particular needs of the child.

Case

31. LADONNA

Issues: Instructional methods/techniques

At first glance, it seems like a cochlear implant is the ideal way for the Davis's to give the ability to hear to their 2½-year-old daughter Ladonna. Ladonna has a profound hearing impairment. The surgical implant, a small device, would facilitate the passage of some forms of auditory data to the brain, acting as a substitute for typical hearing processes. The Davis's must confront the possible problems of the cochlear implant as they consider this enormous decision.

The drive home from the doctor's office for Ladonna Davis, her parents, and her three older sisters seemed to take forever. As the youngest in the family, 2½-year-old Ladonna sat in a car seat next to her sisters in the backseat.

"Can't you speed up, Daddy?" Ladonna's sister Brenda called out in exasperation. "This is taking all day."

"Your father's thinking," defended Mrs. Davis. "Just leave him alone and we'll be home soon enough."

Mr. Davis was deep in thought. The surgeon at the university medical center had explained the procedure completely. At face value, a cochlear implant appeared to be the perfect remedy for Ladonna's profound hearing impairment. Through modern technology, the deaf child could be made to hear. Or so it seemed.

Ladonna was born profoundly deaf. She had sensorineural hearing loss, meaning that the neurological system that translates sound vibrations into electrical impulses and then sends those electrical impulses from the ear to the brain did not function correctly.

Ladonna's physician—an ear, nose, and throat specialist—recommended a surgical procedure called a cochlear implant. A small device could be placed in the brain to facilitate the passage of some forms of auditory data to the brain. A small wire would run from a tiny buttonhole in the back of the skull to a small processing unit about half the size of a Walkman. This processor could be affixed to the back of the child's belt.

The physician emphasized that the cochlear implant would not completely restore the child's ability to hear. Instead, it could only provide the child access to a limited range of auditory frequencies. What the child hears by way of the implant would sound odd to the average hearing person. The child who receives a cochlear implant must go through intensive, lengthy training to learn how to interpret the signals that the implant translates. Without proper training, the child gains no benefit from the implant.

The family sedan finally pulled into the garage. The girls in the backseat grumbled, "Took long enough!" and jumped out of the car. The entire family exited the car and entered the house. Except Mr. Davis. He sat in the front seat,

unaware that he was alone in the garage, his mind running over everything he had ever heard about cochlear implants. This was not an easy decision.

Mr. Davis thought about a recent newspaper article that had been critical of the use of cochlear implants with children who have a low probability of fully using the device. The article claimed that many young children who receive cochlear implants are not good candidates for the apparatus. Much of the problem surrounds not the surgery but the extensive follow-up treatments necessary for the child to use the device. The article stated that some children lack the intellectual capacity or the motivation required to learn to interpret the implant's signals. Also, the families of some children do not provide enough support for the years of necessary speech and language therapy, typically two or more days per week. The therapy is expensive, involving payments for a speech and language pathologist, an audiologist, and the additional technology required for instruction. Many families cannot afford to pay for the speech and language therapy over an extended time.

The special education director of the local school district had reported that a number of children were entering public school with cochlear implants but little or no ability to hear and speak. For one reason or another, these children had either never received the necessary speech and language training or they received the training but did not master the use of the cochlear implant. As they entered school, many of their parents insisted that their children receive oral instruction to make use of the cochlear implant. Much to the parents' dismay, the school district judged that it was best to place these students in total communication programs where they could learn to use sign language, essentially giving up on the youngsters' chances of communicating in standard English. This disagreement in approach between parents and school personnel was ongoing and often heated.

Thanks in part to an excellent health insurance plan, Mr. Davis felt reasonably comfortable about his family's ability to handle the cost of surgery and treatment. But what if Ladonna was one of those children who goes through the surgery but never learns to interpret the signals? He was afraid of spending the next two to three years working with Ladonna only to find that she could not benefit from the implant. If they were to forego the implant, Ladonna could start to learn signing and speech immediately. She could be an able user of sign language by the time she entered first grade.

On the other hand, if the implant was effective, Ladonna would hear! She would be able to talk and play normally with her parents and sisters. It might even be as if she had never been deaf. And there was no time to waste. The doctor had said that immediate surgery would provide Ladonna with greater long-term benefits than if the surgery were delayed six months or a year.

Mr. Davis had seen a television report about a little boy in Texas who had the cochlear implant surgery at age 2. The boy was profoundly deaf, like Ladonna. By age 4, the little boy was speaking in full sentences. The speech and language specialist interviewed on the television said that the boy's oral

language development was delayed, but that he was learning new words and phrases at such a rate that he might attain the same level of language use as his hearing peers by the time he entered first grade. Imagine that, Mr. Davis thought to himself, up to par by first grade.

A tug on his sleeve snapped Mr. Davis out of his ponderous trance. He turned to his left to see little Ladonna pulling on the elbow of his shirt, pleading for him to come inside the house with her. From her grinning mouth came a strange jumble of gurgles and noises. Out of that mouth, he conjectured, may come words, all sorts of wonderful words and brilliant ideas. He placed an index finger on his daughter's lower lip. She laughed and nibbled at the giant finger with her tiny front teeth.

"Honey!" Mrs. Davis called from inside the house. "Are you coming in to help me make dinner?"

"Yeah. OK," he replied from the front seat of the car, his eyes fixed on his daughter's mouth as she bit down on his index finger. He then looked up through the windshield at the wall of the garage with his lawn tools and gasoline powered appliances hanging neatly in a row. Ladonna snapped down hard on his finger.

"Ow!" Mr. Davis wailed as he snatched his wounded finger back from the crunching jaws. Ladonna roared with laughter. If only she could hear her own laughter, Mr. Davis thought. Maybe, he concluded as he scooped up his screeching daughter, that implant would do the trick.

QUESTIONS

1. What seem to be the possible risks and benefits of Ladonna receiving the cochlear implant?
2. How might the decision to receive or not receive the cochlear implant impact the types of speech and language instruction Ladonna will receive?
3. How might the decision to receive or not receive the cochlear implant impact the degree to which Ladonna is integrated into hearing society in the future?
4. Some persons in the deaf community have criticized cochlear implants as an unnecessary treatment for a nonexistent disease. Why would someone hold this opinion?
5. Why do you think the doctor said that Ladonna would receive greater benefit from the implant if it were installed sooner rather than later?
6. *Activity:* In your library, research the controversy within the deaf community and the broader society over cochlear implants. Some deaf persons support the use of implants. Some vehemently oppose implants. Learn more about this interesting conflict.



II. DONALD

Issue: Instructional Methods/Techniques

Donald had always struggled through school because of his learning disabilities. One teacher however, tried some new, different techniques with him and found success.

Donald has always had problems in school. His problems were related to poor academic performance. For example, if Donald knew he would be reading aloud in a class, he would skip class and hang out in the gym rather than go to class and attempt to read. While his behavior problems were minor, it was clear that they were in some way related to his learning problems. More specifically, his poor reading ability appeared to be the root of his behavior problems. Many of Donald's teachers knew that he was not "dumb," yet knowing that only made them require more of his performance on academic tasks.

His learning problems were first noticed by his parents during Donald's preschool and kindergarten years. During this time while other children were learning their letter names and numbers, Donald was struggling to remember even a few letter names. It wasn't that Donald was "dumb," because as reflected by intelligence test scores, Donald scored above average. When told information verbally, Donald had no trouble recalling it at a later time; however, if asked to remember letter names or letter sounds, he had much difficulty. As he advanced through first, second, and third grades, Donald continued to struggle in school. One day, his third grade teacher, Mrs. Fernandez, decided to have a conference with Donald's parents, Peggy and Bill, to discuss Donald's lack of progress. It was at this meeting that his teacher first suggested that Donald remain in third grade for another year. Peggy and Bill were mortified upon hearing such news and immediately told his teacher that they would hire a tutor for Donald.

Despite his parents' best attempts to help Donald, he still continued to perform poorly in school and at the end of the school year, school personnel strongly recommended that Donald be retained. The parents agreed with this recommendation. After a few months repeating third grade, Donald still failed to make progress. Prior to midyear, Donald's teacher sent home a note requesting permission to have Donald tested to determine if he had a learning disability. Peggy and Bill agreed to the evaluation and within a few days received a letter from the school asking them to attend a meeting about the assessment results. During that meeting, the school psychologist reviewed the results of Donald's performance from an intelligence test and an achievement test along with some other supporting observations and test scores. As expected, Donald qualified to receive special education services, and it was suggested that he attend a learning disabilities (LD) resource room for half a day each day. Donald began attending the resource room for half a day and spent the other

half in the regular education classroom. He was mainstreamed into the regular education classroom for nonacademic subjects such as art, music, and physical education and for the academic subjects of science and social studies, Donald's two favorite subjects. Donald continued to slowly progress through school, but it wasn't until sixth grade that Donald began to make major gains.

It was at the beginning of sixth grade that Donald's teacher, Mr. Swanz, decided to try a teaching technique called "learning strategies" with his class. Using this strategy, Donald would use a mnemonic that contained step-by-step directions for improving his reading comprehension. Mr. Swanz pretested Donald, found his current reading level, and began teaching the strategy to Donald. At first, Donald was skeptical, but in time he began to see that the strategy was helping him to remember the important points of reading passages and textbook chapters.

A few months later after Donald successfully used the strategy with short reading passages at the sixth grade level, Mr. Swanz decided that it was time for Donald to use the strategy with textbook assignments. Shortly after that, Donald found that he did not need much help understanding the content of his textbook chapters and he began studying for tests on his own. With Mr. Swanz's assistance, many of the regular education teachers allowed and encouraged Donald to use the strategy in their classrooms. Within five months after learning the strategy, Donald was not only making above average grades in his classes, but he was also on the honor roll for the first time. Moreover, many of his teachers remarked about how confident Donald was about school.

When Donald moved on to high school, he began to develop effective notetaking and study routines. Many of these routines incorporated learning techniques and strategies. For example, Donald found that it was easier to remember a list of items by using the first letter from each item to form a word or acronym. He also prepared simulated test questions that he would answer in preparation for a test. When taking notes, Donald found it much more useful to relate ideas by drawing lines and arrows to them (i.e., developing a cognitive map or web). He also rewrote some of his notes that weren't clear and developed questions from notes that he did not fully understand. Finally, he also carried around a day planner that contained all of the assignment dates and test dates.

Years later Mr. Swanz heard that Donald was considering going to college. According to Donald's parents, with the help of special admission policies designed for persons with disabilities, Donald had received acceptance letters from three different universities and he was planning to major in education. It seems that Mr. Swanz not only motivated Donald to do well in school, but he also influenced his decision to become a teacher.

QUESTIONS

1. How is it that Donald could have an average IQ, yet perform so poorly in school?
2. Could Donald's disability have been detected earlier? How?

3. Should universities have special policies to admit students with disabilities? If so, what scores or evaluation evidence should be allowed and what should not be allowed?
4. What other intervention or technique could have been used to help Donald improve his reading?
5. To help Donald transition from home to college, what could his parents and teachers do?
6. What could universities do to assist persons with disabilities? What accommodations should college or university professors do or allow to assist college students with learning disabilities?
7. When considering the system "society," there are differences between what society "says" and what it "does." Discuss how society views persons with learning disabilities and how these views translate into actions. (Hint: Consider how teachers treated Donald in his classes before he was classified as LD.)
8. *Activity:* Visit or call a university or college and find out what special services they offer for students with learning disabilities. Compare different responses and decide which college or university environment you would recommend for a college student with LD interested in attending one of these postsecondary schools.



12. TOBY

Issues: Educational Goals/Objectives, Instructional Methods/Techniques

Toby was always a kid in motion. Diagnosed with learning disabilities and attention deficit hyperactivity disorder finally put a label on his problems. He is a smart child, yet his disabilities prevent him from reaching his potential.

Toby was always an active child, overactive to be precise. When he was born, his mother, Luisa, tells the story that she knew from the beginning that he was different. She remembers that while she was still in the hospital recovering from her delivery, she could tell when Toby was being brought from the nursery to her room. She could always distinguish his cry from the other babies because Toby had a high shrieking cry that could be heard throughout the hospital floor. Whenever she heard the cry, she knew Toby was on his way. When nestled in her arms, he was always in constant motion and she could never quite comfort him. From his first days, Luisa and Jose, Toby's father, knew that he was no ordinary child.

Toby's preschool years were turbulent. His teachers recall how he was "always in motion" and caused havoc particularly in group activities. In one incident, when he was 4 years old, he wanted a toy truck from the top of an

eight-foot high book stand. After repeatedly being told "no" by his teacher, Toby decided to take matters into his own hands by climbing up the stand. As he neared the top, he reached for the truck. Suddenly the book stand gave way and tumbled him and all of the books onto the floor. Fortunately he managed to walk away from the incident with only a bruise. At the teacher's request, Toby was quickly removed from the class and never returned. As Toby moved to another preschool class, his impulsivity and hyperactivity became worse and his academic and behavioral problems continued.

Throughout much of his early education, Toby had great difficulty with even the most basic skills such as identifying the letters in his name and the numbers to ten. His teachers always knew that Toby was intelligent but he was not learning at the same rate as the other children. When they watched him complete children's puzzles, they were amazed with his speed and accuracy at correctly matching the pieces. But when it came to more complex tasks, particularly reading tasks, he had a lot of difficulty focusing on the task. Many of the learning activities ended with Toby laying his head on his desk because he was too tired and frustrated to finish. Though he was always willing to try new tasks, he would quickly lose interest and become distracted.

It was early in third grade that his teacher, Mrs. McDonald, noticed that Toby's reading problems were serious enough to warrant a closer look. During an incident, she requested that her students work at their desks as they completed a worksheet. This particular worksheet involved having the students find the missing word in the sentences (fill-in-the-blank). As she watched Toby at his desk, she saw that he quickly began to work on his assignment. He worked diligently—head down, eyes on paper, writing responses to each question. Two minutes later she again scanned the room and saw that all the other children working on the worksheet with the exception of Toby were still sitting at their desks spinning their pencils around in circles and chuckling. Sensing that something was wrong, Mrs. McDonald approached Toby's desk to find that Toby had completed the worksheet, but he had answered several items incorrectly. As she sat working with Toby, she soon found that he was unable to identify certain diphthongs and blends in some of the words. During the next few weeks she also noticed that Toby exhibited other reading problems, such as frequent reversals (saw for was, when for then, and frequent confusion of the vowel sound (i for e), and numerous spelling errors (his for this, the for they, and this for that). Mrs. McDonald also noticed that even when Toby sounded out each letter to a word, he would often pronounce a completely different word than the word in front of him. (For b-l-a, he was able to pronounce the letter sounds but then pronounced the word "bale" instead of "bale".)

During many of his reading tasks, Mrs. McDonald noticed that on some days Toby would do well, yet on others he would do poorly. She knew that medication to control his inattentiveness; she suspected that his inconsistent performance might have something to do with how often he took medication. The more she looked back at his grades, the more she saw that his test and quiz scores reflected this inconsistent pattern, one day high and one day low.